

# APPLICATION FOR IMPACT FEE STATEMENT

## SEMINOLE COUNTY

Check one box:

- |  |                                    |   |
|--|------------------------------------|---|
| <input type="checkbox"/> ALTAMONTE SPRINGS                 | <input type="checkbox"/> LAKE MARY | <input type="checkbox"/> SANFORD        |
| <input type="checkbox"/> CASSELBERRY (East of Hwy 17 & 92) | <input type="checkbox"/> LONGWOOD  | <input type="checkbox"/> WINTER SPRINGS |
| <input type="checkbox"/> CASSELBERRY (West of Hwy 17 & 92) | <input type="checkbox"/> OVIEDO    |   |

Site Street Address: \_\_\_\_\_  
Tax parcel I.D.# : \_\_\_\_\_ ☐ Legal Description Attached  
Subdivision Name: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_

Owner Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax. no.: \_\_\_\_\_

Contractor Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax. no.: \_\_\_\_\_

Use and size of Building: (Example: Apartment, restaurant, medical office. If a mixed use, list all.)

Description of Work:

☐ New Construction ☐ Addition ☐ Interior remodeling ☐ Building Replacement

☐ Change of use from: \_\_\_\_\_ To: \_\_\_\_\_

☐ Other. Please describe: \_\_\_\_\_

\_\_\_\_\_ If Residential, list the number of dwelling units being constructed or added.

\_\_\_\_\_ If Commercial, list the total square footage being constructed or added.

\_\_\_\_\_ If this is a replacement, list the use and size of the old building.

☐ Yes ☐ No If within the City of Altamonte Springs, is a fire sprinkler system proposed?  
If yes, please submit construction drawings or a copy of the city permit application indicating the sprinkler system.

**NOTE:** Please submit a site construction and building floor plan with the application. It will be returned to you once the assessment is complete.

### OFFICE USE ONLY

Statement no. \_\_\_\_\_ Date: \_\_\_\_\_ Input by: \_\_\_\_\_

Comments: \_\_\_\_\_